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CONFIRMATION NO. 8611

|  |   |                               |   |                                       |                                |
|--|---|-------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10795,958  | <b>FILING OR 371(c) DATE</b><br>03/08/2004<br><b>RULE</b>   | <b>CLASS</b><br>049           | <b>GROUP ART UNIT</b><br>3634   | <b>ATTORNEY DOCKET NO.</b><br>BSI-035 |                                |
| <b>APPLICANTS</b><br>Gary Marshik, Canton, SD;<br>Scott Meunier, Sioux Falls, SD;<br>Stephen M. Piltingsrud, Sioux Falls, SD;<br>James Ripley, Canton, SD;   |   |                               |   |                                       |                                |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/26/2004</b>   |   |                               |   |                                       |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>John L. W.</i> <i>ALL</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>SD | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>27             | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>051414   |   |                               |   |                                       |                                |
| <b>TITLE</b><br>Hardware for window sashes   |   |                               |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1112   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |